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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

\*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL

TOTAL

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FORM PTO-1360 (REV. 3-78)

\*\*\*X\*\*\*

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TOTAL

TOTAL DEP.

1. 医抗性性感染蛋白病毒。

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